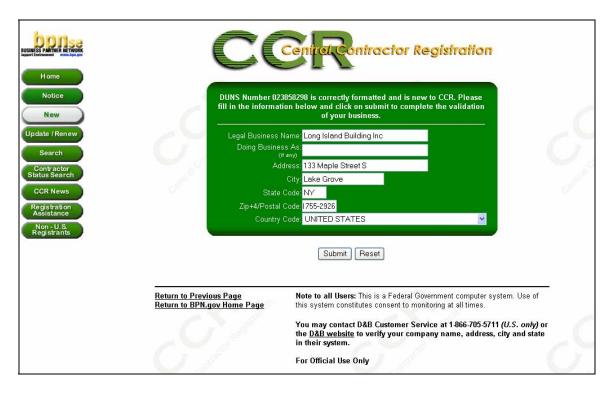
CCR New Registration Screenshots July 2006



Welcome to CCR



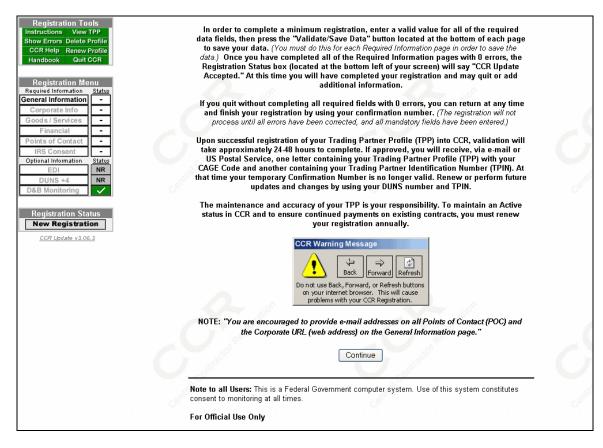
Enter Business Name and Address



Dun and Bradstreet Information Validation



Confirmation Number



Instructions Page

Registration Tools	ew TPP Seneral Information ate Profile ew Profile Missing or Invalid Data V View-Only Data (Edits not allowed)		
Instructions View TPP Show Errors Delete Profile CCR Help Renew Profile			
Handbook Quit CCR	e missing of invalid Data Required Data View-Only Data (Edits not allowed)		
D 11 12 M	DUNS:		
Registration Menu Required Information Status	CAGE/NCAGE Code: NCAGE Mandatory if outside the U.S. Search for CAGE/NCAGE.		
General Information -	VILegal Business Name: LONG ISLAND BUILDING INC		
Corporate Info Goods / Services	(DCMA ACO Locator)		
Financial -	✓ Doing Business As (DBA): (leave DBA blank if same)		
Points of Contact - IRS Consent -	* TIN/EIN: (See Note Below)	()	
Optional Information Status	SSN: Enter SSN only if sole Proprietor without a TIN		
EDI NR	Division Name:	30	
DUNS +4 NR D&B Monitoring ✓	Division Number:	Coll	
	Company URL:		
Registration Status			
New Registration	(LBN, DBA, and Physical Address can only be changed on the D&B Monitoring page.)		
CCR Update v3.06.3	V■Physical Street Address 1: 133 MAPLE STS		
	V■Physical Street Address 2:		
	City: LAKE GROVE		
	VIState: (U.S. State Code / Canadian Province list)		
	V Zip+4/Postal Code: 11755-2926 (U.S. Zip+4 Code Look-up)		
	Country: USA		
	Create POC Template Poc Template		
	* Mailing Name:		
	* Mailing Address 1:		
	Mailing Address 2:	. 2	
	** City:	Centr	
	* State: (U.S. State Code / Canadian Province list)		
	# Zip+4/Postal Code: (U.S. Zip+4 Code Look up)		
	* Country:		
	_		
	Business Start Date: (MM//DD/YYYY)		
	* Number of Employees: (One year average including all affiliates.)		
	*Fiscal Year End Date: (MM//DD)		
	** Annual Revenue \$: (Three year average.)		
	Company Security Level: Not Applicable		
	Employee Security Level: Not Applicable		
		_ (
Important: If you are unable to receive mail at your street address, you MUST also provide a valid mailing address where correspondence can be sent. Note: Authority 31 U.S.C. 7701 (c) (3) Principal Purpose(s): The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government. Disclosure: Voluntary; however, failure to furnish will disallow registration as a Federal contractor.			
	Validate/Save Data		
	Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.		
	For Official Use Only		

General Information

Name: E-mail Address: Address Line 1:	
Address Line 1: Address Line 2: City:	20 1/20
State: Zip/Postal Code:	(U.S. State Code / Canadian Province list) (U.S. Zip+4 Code Look-up)
Country:	JU.S. ZIP+4 Lode Look-up)
Non-U.S. Phone Number:	Ext:
Fax Number:	
Save	POC Template Close Window

Create POC Template



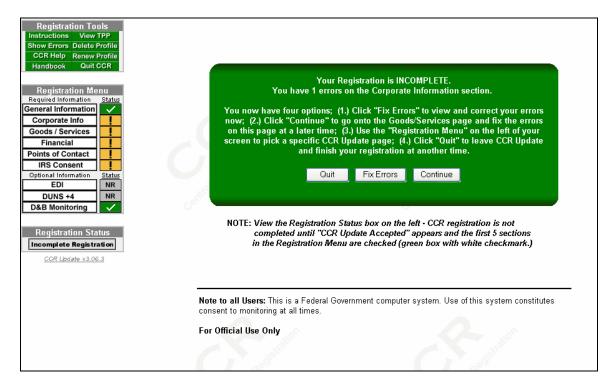
Error/Incomplete Message—General Information

		1
Registration Tools		
Instructions View TPP Show Errors Delete Profile	Correct the following errors to validate the Corporate Information section.	
CCR Help Renew Profile		
Handbook Quit CCR	***In the Type of Relationship with U.S. Federal Government section, a selection is	
	required. ***In the Type of Organization section, this is required data.	
Registration Menu Required Information Status	in the Type of Organization decision, this to toquitos data.	
General Information		
Corporate Info	Corporate Information	
Goods / Services		
Financial Points of Contact	● Missing or Invalid Data ★ Required Data View-Only Data (Edits not allowed)	
IRS Consent		((
Optional Information Status	Type of Relationship with U.S Federal Government(Required information, check one)	
EDI NR	O Contracts	
DUNS +4 NR D&B Monitoring	Grants	C
Dab monitoring	O Both (Contracts & Grants)	
Registration Status		
Incomplete Registration	Type of Organization (As defined by the IRS) (Required information, check one)	
CCR Update v3.06.3	O Corporate Entity, Not Tax Exempt	
	O Corporate Entity, Tax Exempt	
	○ Partnership ○ Sole Proprietorship	
	U.S. Government Entity(If selected, then choose one subgroup below)	
	Federal Government (If selected, choose all subgroups that apply.)	
	Federal Agency	
	Federally Funded Research and Development Corporation	
	O State Government	
	O Local Government(If selected, choose all subgroups that apply.)	
	☐ City	
	☐ County	
	☐ Inter-municipal	
	Local Government Owned	
	Municipality	7
	○ School District □ Township	
	O Foreign Government	
	O International Organization	
	O Other	
	Incorporation (Required if you selected "Corporate Entity" as Type of Organization.)	
	State of Incorporation (State code list)	
	Country of Incorporation	
	Sole Proprietorship Point of Contact(Required if you selected "Sole Proprietorship" as Type of Organization)	
	Create POC Template Paste POC Template	
	Sole Proprietor Name:	
	US Phone: Ext:	
	Non-US Phone:	
	Fax:	
	E-mail:	
	Other Governmental Entities(Optional information, check all that apply)	C
	☐ Airport Authority	
	Council of Governments	
	☐ Housing Authorities Public/Tribal	
	☐ Interstate Entity	
	☐ Planning Commission	
	Port Authority	
	☐ Transit Authority	
	Other Business/Organization Factors(Optional information, check all that apply)	
	Foreign Owned and Located	
	Limited Liability Company	
	□ S Corporation	

Corporate Information Part 1

Types of Business(Optional information, check all that apply)	
☐ Architecture and Engineering (A&E)	
Community Development Corporation	
☐ Construction Firm	
□ Domestic Shelter	
Educational Institution	
For-Profit Organization	
Foundation	
Hispanic Servicing Institution	
Hospital	
Manufacturer of Goods	
☐ Nonprofit Organization	
Other Not for Profit Organization	
Research and Development	
Service Provider	
☐ Veterinary Hospital	
Education Entities(Optional information, check all that apply)	
☐ 1862 Land Grant College	
☐ 1890 Land Grant College	
1994 Land Grant College	
Historically Black College or University (HBCU)	
☐ Minority Institutions	
Private University or College	
School of Forestry	
State Controlled Institution of Higher Learning	
☐ Tribal College (other than 1994)	
□ Veterinary College	
, ,	
Socio-Economic Factors (Optional information, check all that apply.)	
☐ Large Business	
Self-Certified Small Disadvantaged Business	
☐ Veteran Owned Business	
Service Disabled Veteran Owned Business	
☐ Woman Owned Business	
☐ Minority Owned Business(If selected then one sub-type is required.)	
O Subcontinent Asian (Asian-Indian) American Owned	
O Asian-Pacific American Owned	
O Black American Owned	
O Hispanic American Owned	
O Native American Owned	
O No Representation/None of the Above	
Cally Comments of the Comments	
Socio-Economic Certifications (Check only if firm has been certified.)	
DoT Certified Disadvantaged Business Enterprise	
Federally Recognized Native American Entities(Optional information, check all that apply)	
Alaskan Native Corporation Owned Firm	
American Indian Owned	
Indian Tribe (Federally Recognized)	
Native Hawaiian Organization Owned Firm	
Tribal Government	
☐ Tribally Owned Firm	
Other Code Francis Code and a Cod	
Other Socio-Economic Categories (Optional information, check all that apply)	
Community Developed Corporation Owned Firm	
Labor Surplus Area Firm	
☐ Small Agricultural Cooperative	
WELL B. D.	
Validate/Save Data	
Note to all Heave. This is a Fodoral Covernment computer quotern. Use of this suction and the suctions of the suction of the succession	-
Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.	
consent to memoring at an inner.	
For Official Use Only	

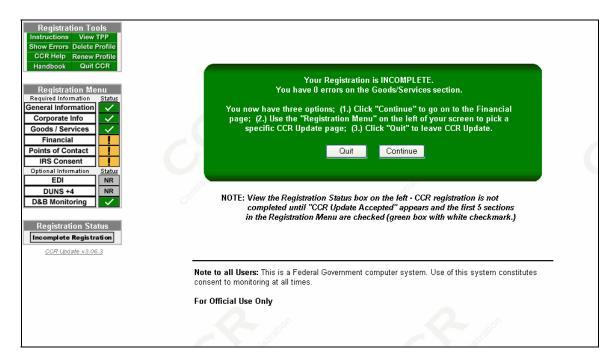
Corporate Information Part 2



Error/Incomplete Message—Corporate Information



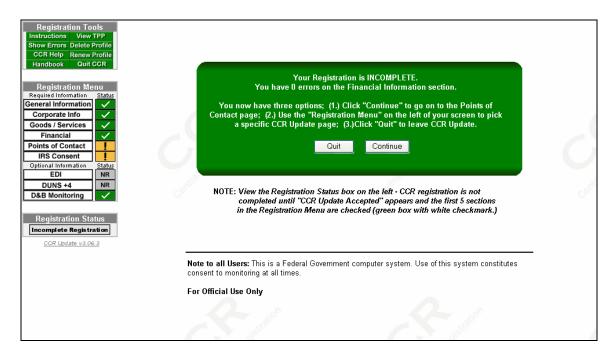
Goods/Services Page



Error/Incomplete Message—Goods/Services

Registration Tools Instructions View TPP				
Show Errors Delete Profile CCR Help Renew Profile Handbook Quit CCR	CR Help Renew Profile andbook Quit CCR ****Because you changed the Type of Organization, the EFT/ACH information must be			
revalidated. Please click the [Validate/Save Data] button at the bottom of this p Registration Menu Required Information Status				
General Information Corporate Info	ilettatio	Financial Informati	ion	
Goods / Services Financial Points of Contact	Missing or Invalid Data	* Required Data	V View-Only Data (Edits not allowed)	
IRS Consent Optional Information EDI DUNS +4 D&B Monitoring Denistration, Status	E *This com *This com *Financial Institution *BABA Routing Number **LAccount Number **Re-enter Account Number	: C ₈ ,	EFN Businesses	
Registration Status Incomplete Registration CCR Update v3.06.3	* Account Type Lockbox Number	:Checking O Savings O		
·	st one method of contact musi	nization or a Nón-U.S. Busii : :	l institution unless you are a government	
Costano	(Address to n Name Address Line 1 Address Line 2	:	rily unavailable.)	S
	City State	(U.S. State Code / Canad	20 03 04 PALC	
	Zip/Postal Code Country	(0.0. E.p. 100.	de Look-up)	
	* <u>Acc</u> Name E-mail Address	:	f Contact: POC Template	
Zillitt.	U.S. Phone Number	:E	xt:	C
	Non-U.S. Phone Number Fax Number			
	* Does the comp	aany accept Credit Cards a Yes ○ No ⊙	as a method of Payment?	
		Validate/Save Data	Q- /	
		Government computer syster	n. Use of this system constitutes consent	t l
	toring at all times.	O	Collingto	

Financial Information



Error/Incomplete Message—Financial

B 1. 4 T 1				
Registration Tools Instructions View TPP Show Errors Delete Profile	Correct the following errors to validate the Points of Contact section. ***********************************			
CCR Help Renew Profile Handbook Quit CCR				
Registration Menu Required Information General Information	***CCR PC	required. IC Alternate Name is a required data fid	eld.	
Corporate Info Goods / Services	***CCR POC Alternate Email is a required data field. ***CCR POC Alternate - Either U.S. Phone or Non-U.S. Phone is required. ***Government Business (POC) Primary is a required Point of Contact. ***Government Business (POC) Alternate is a required Point of Contact.			
Financial				
Points of Contact IRS Consent	****Electronic Business (POC) is a required Point of Contact. ****Electronic Business (POC) Alternate is a required Point of Contact.			
Optional Information Status		Identification Number (MPIN) is a requ		
EDI NR DUNS +4 NR	Points of Contact			
D&B Monitoring		to provide e-mail addresses on all Poi		G
Registration Status Incomplete Registration CCR Update vs.06.3	Missing or Invalid Data	* Required Data V View-	Only Data (Edits not allowed)	
	(Note: The Registrant acknowledge	CR POC (Registrant Name) Primary s that the information provided is curre reate POC Template Paste POC Template	nt, accurate, and complete.)	
	Name:			
	E-mail Address:			
	U.S. Phone Number:	Ext:	- iior	
	Non-U.S. Phone Number:			
	Fax Number:		Go.	
			2,0	
	O salara	ccc POC Alternate reate POC Template Paste POC Template		
	Name:			
	E-mail Address:			
	U.S. Phone Number:	Ext:		
	Non-U.S. Phone Number:			
	Fax Number:			
	(Note: The person in the company resp will be publicly displayed on the CCR In Bu:		he government. This information	
	Name:			
	E-mail Address:			
	Address Line 1:			
	Address Line 2:			
	City:			
	State:	(U.S. State Code / Canadian Province list)		
	Zip/Postal Code:	(U.S. Zip+4 Code Li	ook-up)	
	Country: U.S. Phone Number:		<u> </u>	
	Non-U.S. Phone Number:	Ext:		
	Fax Number:			
	Govern	nent Business Point of Contact - Alt	ernate	
		consible for marketing and sales with tr cly displayed on the CCR Inquiry Web reate POC Template Paste POC Template		
	Name:			
	E-mail Address:			
	Address Line 1:			
	Address Line 2:			
	City:			
	State: Zip/Postal Code:	(U.S. State Code / Canadian Province list		
	Zip/Postal Code:	(U.S. Zip+4 Code Lo	ook-up)	
	U.S. Phone Number:	F4.	<u> </u>	
	Non-U.S. Phone Number:	Ext:		
	Fax Number:			

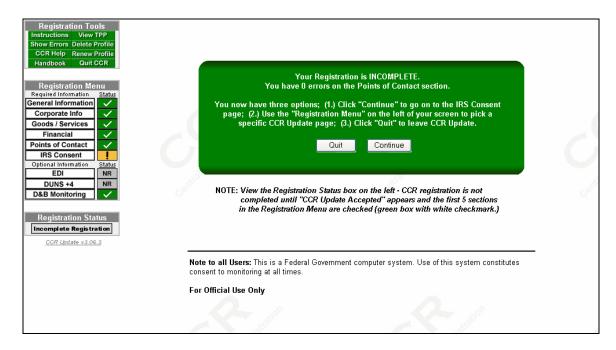
Points of Contact—Part 1

F	
Doo	t Barfarmanaa Baint Of Cantagt Brimany
	t Performance Point Of Contact - Primary
	on will be publicly displayed on the CCR Inquiry Web Site.) The properties of the PRAIS web site
7077	Create POC Template Paste POC Template
	Taste Foo Template
Name:	
E-mail Address:	
Address Line 1:	
Address Line 2:	
City:	
city.	
State:	(U.S. State Code / Canadian Province list)
Zip/Postal Code:	
Zip/i ostal code.	(U.S. Zip+4 Code Look-up)
Country:	∨
U.S. Phone Number:	r
	Ext:
Non-U.S. Phone Number:	
Fax Number:	
Past	Performance Point Of Contact - Alternate
(Note: This informatio	n will be publicly displayed on the CCR Inquiry Web Site.)
	more information visit the <u>PPAIS web site</u>
	Create POC Template Paste POC Template
Name:	
E-mail Address:	
Address Line 1:	
Address Line 2:	
City:	
State:	(U.S. State Code / Canadian Province list)
Zip/Postal Code:	- A
	(U.S. Zip+4 Code Look-up)
Country:	<u> </u>
U.S. Phone Number:	Ext:
Non-U.S. Phone Number:	
Mon-0.3. Filone Mulliper.	
Fax Number:	
government electronic business sy	/ responsible for authorizing individual company personnel access into stems (e.g. Electronic Document Access (EDA), Wide Area Work Flow nation will be publicly displayed on the CCR Inquiry Web Site.) Paste POC Template U.S. State Code / Canadian Province list) (U.S. State Code / Canadian Province list)
U.S. Phone Number:	Ext:
Non-U.S. Phone Number:	
Fax Number:	
	tronic Business Point of Contact - Alternate on will be publicly displayed on the CCR Inquiry Web Site.) Create POC Template Paste POC Template
E-mail Address:	
Address Line 1:	
Audless Line 1:	
Address Line 2:	
City:	
City:	
State:	(U.S. State Code / Canadian Province list)
Zip/Postal Code:	
	(U.S. Zip+4 Code Look-up)
Country:	▼
U.S. Phone Number:	
	Ext
Non-U.S. Phone Number:	
Fax Number:	

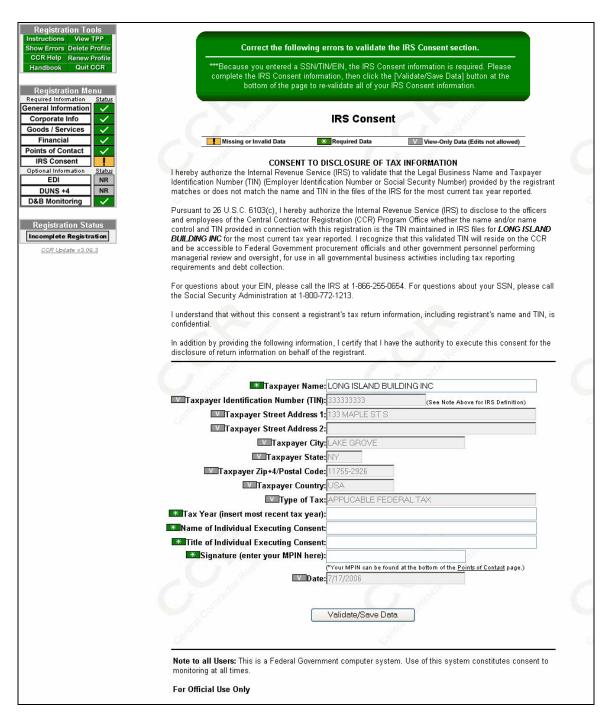
Points of Contact—Part 2

	Previous Business Name Create POC Template Paste POC Template
Name	
Address Line 1	:
Address Line 2	:
City	
State	(U.S. State Code / Canadian Province list)
Zip/Postal Code	(U.S. Zip+4 Code Look-up)
Country	·:
- 50	
(Note: Used by registering govern	Government Parent nment agencies. If this CCR registration is a division of the government, provide the parent (HQ), e.g. DLA) Create POC Template Pasta POC Template
Name	:
Address Line 1	:
Address Line 2	
City	
State	(0.5. State Code / Calladran Florince list)
Zip/Postal Code	(O.S. ZIP++ Code Look-ap)
Country	
Name E-mail Address	
U.S. Phone Number	
Non-U.S. Phone Number	
Fax Number	:
<u></u> <u>Mark</u> *MPIN	seting Personal Identification Number (MPIN) :
	*Marketing Partner ID (MPIN): This is a self-defined access code that will be shared with authorized partner applications (e.g., Past Performance Automated Information System (PPAIS), Technical Data Solutions (TeDS), etc.). The MPIN acts as your password in these other systems, and you should guard it as such. The MPIN must be nine positions and contain at least one alpha character, one number, and no spaces or special characters.
, t _e s	
alite.	Validate/Save Data
C milito	
Note to all Users: This is a Federal monitoring at all times.	Government computer system. Use of this system constitutes consent to
For Official Use Only	

Points of Contact—Part 3



Error/Incomplete Message—Points of Contact

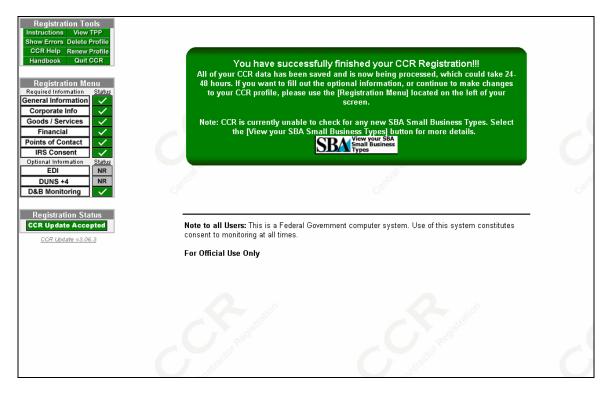


IRS Consent

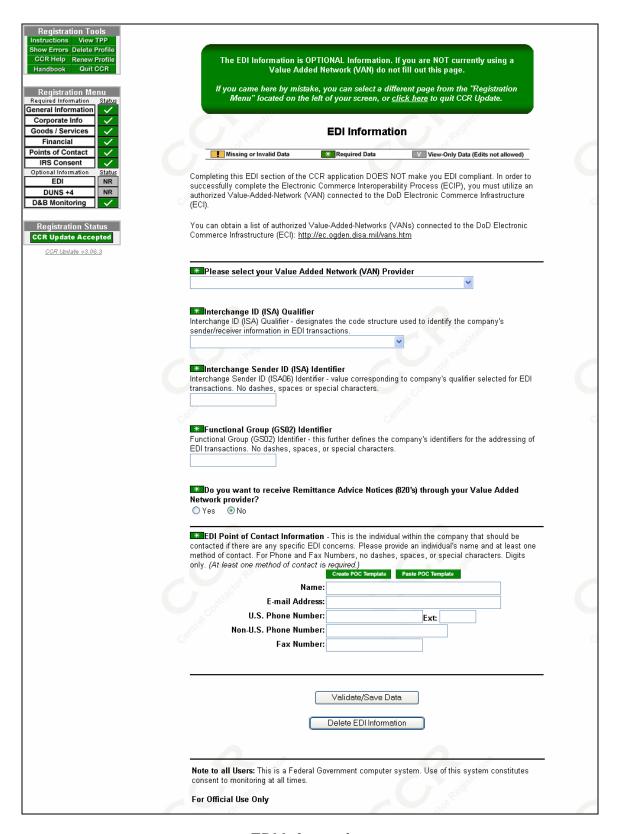
July 2006



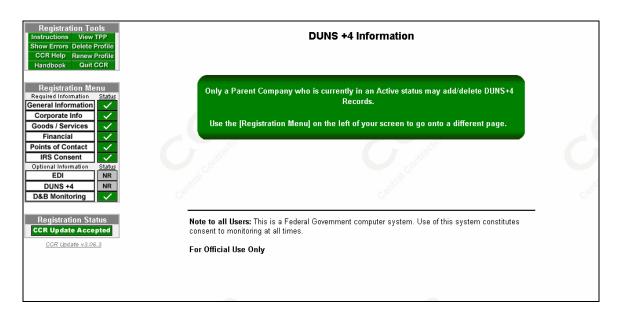
Processing Registration



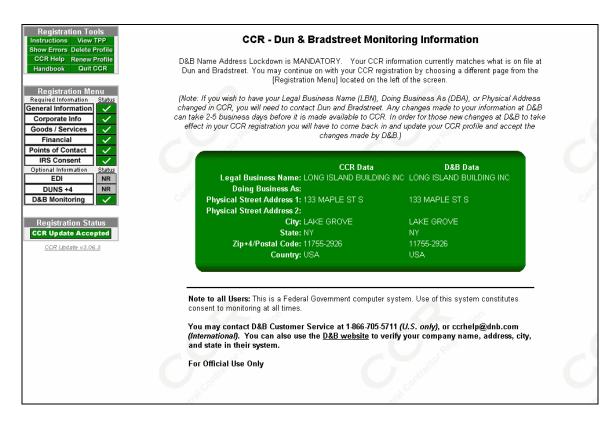
Successful Registration Finish



EDI Information



DUNS + 4 Information



D&B Monitoring